

**EMT-1 REGULATORY TASK FORCE  
MEETING MINUTES  
February 6, 2002  
Holiday Inn  
Burbank, CA**

**I. Introductions**

A. Self-introductions were made.

<b>MEMBERS PRESENT</b>	<b>EMSA STAFF PRESENT</b>	<b>ALTERNATES PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>ALTERNATES ABSENT</b>
Bob Cordray	Sean Trask	Bruce Kenagy	Nancy Casazza	Jean English
Elaine	Richard	Karen Petrilla	Ray Casillas	David Nevins
Dethlefsen	Watson			
Donna			Debbie Meier	Debbie Notturmo
Ferracone				
Bruce Haynes			Byron Parsons	Jeff Page
Pat Kramm			John Pritting	
Tom McGinnis			Marco Randazzo	
Debi Moffat			Bob Repar	
Dan Paxton			Susan Smith	
Veronica			John Tysell	
Shepardson				
Luann				
Underwood				
Todd Wilhoyte		<b>Guests</b>		
Kevin White		Fred Claridge		

**II. Minutes**

Approved with the following correction, under Old Business, Item V, B, 6 qualifications for instructor are not final, the Task Force will continue to discuss

**III. Agenda**

Approved as written and no suggestions were made for future agendas.

**IV. Informational Update**

- A. The Task Force was updated on the following items:
1. EMT-II regulations have been revised based on comments received from the EMS Medical Directors Association of California (EMDAC) and will be put out for 90-day pre-public comments. The physician members of EMDAC were given the first opportunity to comment on the draft regulations. The intent was to have the physicians comment on the medical portion of the draft regulations, then put the draft regulations out for broader pre-public comment. The EMT-I and Paramedic Task Force members will have an opportunity to comment.
  2. The Layperson AED Regulations will be submitted to the EMS Commission at the February 27, 2002 meeting with the recommendation that they go out for 15-day public comment.
  3. Task Force members were given travel reimbursement information from the Vision Office. The Vision Office will reimburse up to 6 Task Force Members for up to a maximum of 6 meetings per year for travel expenses.
  4. The EMS Commission will be meeting on February 27, 2002 in Glendale.

**V. Old Business**

- A. EMT-I Certification Examination:
1. There are a total of four organizations that have expressed an interest in presenting their testing services to the EMT-I Task Force, those organizations are: Cooperative Personnel

Services, The Chauncey Group, The National Registry, and Prometrics. After a short discussion on the presentations, the Task Force agreed to the following process:

- a. Each organization will have one hour for their presentation and 30 minutes for questions and answers. The Task Force members will then take 30 minutes to discuss the presentation in private.
  - b. The Task Force will hold presentations over two days, April 3<sup>rd</sup> and 4<sup>th</sup> in San Diego.
  - c. The sub-committee will develop a scoring mechanism for the Task Force Members to score each presenting organization and this will be handed out at the March Task Force Meeting.
  - d. The Task Force members will take the results of the presentations back to their constituency groups and a decision to recommend a single, statewide, testing organization will be made at the May 1, 2002 Task Force Meeting.
2. Santa Clara EMS Agency sent the EMS Authority a letter of support for the National Registry as the EMT-I Certifying Exam in California, this letter was made available for the Task Force Members.

**B. Committee Report: EMT Approving Authority**

1. Section 100066(a)(4) – Changes were made to reflect the terminology that was discussed at the January 9, 2002 meeting.
2. Section 100070 – The Task Force discussed the requirement for the Medical Director of the EMS Authority to provide EMT-I Course Medical Direction as indicated in the January 23, 2002 draft language. The EMS Authority does not have a medical director and the local EMS agency's medical director is responsible for the local policies, procedures and protocols. The primary reason for a course medical director is to address issues pertaining to EMS policies, procedures and protocols. After much discussion, Dr. Haynes will discuss this requirement with the Medical Directors to get their input.
3. Section 100070(c) – Some of the Task Force members do not agreed with the requirement of 2 years of prehospital experience in the last 5 years for the Course Coordinator that was added at the January 9, 2002 Task Force Meeting. A motion was made by Elaine Dethlefsen and seconded by Bruce Haynes, MD to change the language to prehospital or emergency care and to carry throughout the rest of the requirement sections for instructor(s). The vote was six yes and six nos, the motion failed. The Task Force also discussed, at length, the requirement of two years experience in the last five years. Questions were raised as to whether the person needed to be a full-time employee and how many hours of experience were equivalent to two years. The Task Force agreed to leave the language stand and see if any comments come back during the public comment period. This section will be brought back to the next Task Force meeting. The Task Force broke for lunch.

**VI. New Business**

**A. EMT-I Scope of Practice**

1. A suggestion was made begin the scope of practice discussion with reviewing the EMT-I basic scope of practice that is currently in Title 22 and is supported by the National Standard Curriculum, then the next step will be to review the scope of practice items that require local policy, procedure and protocols for approval (e.g. transferring patients with IVs, tracheostomies, folies, etc) then review the optional skills.
2. A Task Force member asked for pulse oximetry to be added to the basic scope of practice. Bruce Haynes, MD will check with the other medical directors to get their input into EMT-Is using pulse oximetry.
3. Assembly Bill 559 added section 1797.197 of the Health and Safety Code which requires the EMS Authority to establish training and standards for all prehospital care personnel regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use epinephrine and promulgate regulations regarding these matters for use by all prehospital emergency personnel.

4. There was a long discussion on whether the entire EMT-I basic scope of practice should be required by all local EMS systems. The Task Force objective along with the NHTSA recommendations and the Vision Objective were read to remind the Task Force Members of our task in addressing the EMT-I scope of practice. NHTSA Recommendation: #65-A statewide minimum scope of practice should be established for all levels of EMS providers. #66-Statewide minimum patient care standards, treatment protocols and triage guidelines should be established for all levels of EMS providers. #68-A process should exist that allows a LEMSAs medical director to petition EMSA to enhance the scope of practice of EMS providers in their region. Vision Objective: Compare the National Curriculum with State Curriculum/Optional Scope for all levels of practitioners. The Task Force members also discussed the merits of the local EMS agency establishing the local scope of practice and optional skills.
5. Blood glucose testing and manual defibrillation were discussed as being added to the EMT-I scope of practice. Bruce Haynes and Elaine Dethlefsen volunteered to review the DOT Curriculum to determine what skills are taught for the Task Force to determine what should be included in the scope of practice. Bruce Haynes will also check with Ventura County EMS to see if the EMT-I's are approved to do manual defibrillation.
6. There was some discussion as to the elimination of endotracheal intubation by EMT-I's. The literature shows that endotracheal intubation has a 50% success rate whereas the use of the Combitube by EMT-I's has an 85% success rate and is just as effective.

**VI. Discussion:**

- A. Next meeting will be March 6, 2002 from 10:00 AM to 4:00 PM, at the Host Airport Hotel Holiday Inn in Sacramento.
- B. At the next Task Force Meeting, the Certification Exam Sub-Committee will bring a scoring sheet for the presentations in April.
- C. Scope of Practice discussions will continue.

Recorder: Donna Ferracone.